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7590

03/27/2007

David M. Thimmig
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 P.O. Box 2828
 Chicago, IL 60690-2828

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/815,395	04/01/2004	Marcus Braun	04265398	7589

TITLE OF INVENTION: SURGICAL INSTRUMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	06/27/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
TOY, ALEX B	3739	606-001000

Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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1 Mayer, Brown, Rowe & Maw LLP
 2 _____
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ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

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Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Joseph A. Mahoney
 Typed or printed name Joseph A. Mahoney

Date

6/25/2007

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38956

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